

FILEDUNITED STATES DISTRICT COURT
ALBUQUERQUE, NEW MEXICO

JAN 23 2017

MATTHEW J. DYKMAN
CLERKJOHN D. RAMOS 80998
NameOCPF 51-1810 MCGREGOR RANGE ROAD
AddressCHAPARRAL, New Mexico 88081UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICOJohn Domingo Ramos, Plaintiff
(Full Name)CASE NO. 17 CV 120 JB/GBW
(To be supplied by the Clerk)

v.

WARDEN RICARDO MARTINEZ, Defendant(s)
DR NARANJO, DR. BRUCE R. BORDEN,
(MED DIR.) CONCORDIA INSURANCE, MississippiCIVIL RIGHTS COMPLAINT
PURSUANT TO 42 U.S.C. § 1983

A. JURISDICTION

1) JOHN D. RAMOS, is a citizen of New Mexico
(Plaintiff) (State)
who presently resides at 10 MCGREGOR RANGE ROAD, CHAPARRAL, New Mexico
(Mailing address or place of confinement)
880812) Defendant RICHARDO MARTINEZ is a citizen of
(Name of first defendant)
CHAPARRAL, New Mexico 88081, and is employed as
(City, State)
WARDEN. At the time the claim(s)
(Position and title, if any)

alleged in this complaint arose, was this defendant acting under color of state law?

Yes ☒ No ☐ If your answer is "Yes", briefly explain:WARDEN MARTINEZ is AND remains the WARDEN of OTERO COUNTY PRISON
FACILITY. WARDEN MARTINEZ by law is directly responsible for everything
THAT OCCURS IN THIS PRISON.

- 3) Defendant DR. NARANJO is a citizen of
 (Name of second defendant)
CHAPARRAL, NEW MEXICO, and is employed as
 (City, State)
FACILITY DOCTOR. At the time the claim(s)
 (Position and title, if any)

alleged in this complaint arose, was this defendant acting under color of state.

Yes ☒ No ☐ If your answer is "Yes", briefly explain:

DR. NARANJO WAS THE ATTENDING PHYSICIAN FOR ALL STATE & FEDERAL INMATES AT OTERO COUNTY PRISON FACILITY. IT WAS DR. NARANJO NEGLIGENCE THAT CAUSED THIS THUMB to heal broken!

(Use the back of this page to furnish the above information for additional defendants.)

- 4) Jurisdiction is invoked pursuant to 28 U.S.C. §1343(3), 42U.S.C. §1983. (If you wish to assert Jurisdiction under different or additional statutes, you may list them below.)

B. NATURE OF THE CASE

- 1) Briefly state the background of your case.

ON 5 JULY, 2016, WHILE EXERCISING AT THE OTERO COUNTY PRISON FACILITY WHEN I fell AND SUFFERED A break to my left thumb. IT SO HAPPENED THAT THE WARDEN STOPPED TO ASK ME HOW I WAS DOING? I EXPLAINED MY SITUATION AND HE ORDERED ME TO SEE MEDICAL AND DR. NARANJO. DR. NARANJO SAID HE DIDN'T THINK MY THUMB WAS BROKEN BUT ORDERED X-RAYS. ON 9 JULY, 2016, X-RAYS WERE TAKEN. ON NUMEROUS OCCASIONS I SENT MEDICAL SLIPS TO THE DOCTOR FOR A FOLLOW-UP. DR. NARANJO BASICALLY FORGOT ABOUT ME UNTIL 20 JULY, 2016. WHEN I REPORTED TO HIS OFFICE ON 20 JULY, 2016, HE REALIZED HOW MUCH TIME HAD EXPIRED. DR. NARANJO REPEATED OVER AND OVER "FUCK, FUCK, FUCK!" DR. NARANJO ORDERED ME TRANSPORTED TO THE EL PASO UNIVERSITY MEDICAL CENTER (UMC) WHERE I WAS AGAIN X-RAYED. I SPOKE TO AN ORTHOPEDIC SURGEON NAMED VAN T (UNKNOWN LAST NAME). DR. VAN T. WROTE OUT ORDERS FOR PHYSICAL THERAPY AND I WAS RETURNED TO OCPF. I AGAIN SAW DR. NARANJO WHO SAID MY PT HAD TO BE APPROVED BY A DR. BRUCE R. BOYTON, CORDONIA INSURANCE MEDICAL DIRECTOR. (OVER)

ON 6 Oct, 016, I AGAIN WAS XRAYED. AGAIN I SAW DR. NARANJO. I AGAIN SAW DR. NARANJO ON 4 NOV, 016. ON 15 NOV, 016, AGAIN I WAS TRANSPORTED TO UMC, EL PASO. I SAW AN ORTHOPEDIC DR. NAMED GONZALES WHO AGAIN WROTE OUT ORDERS FOR PT AND TOLD ME I WOULD SUFFER PAIN AND LACK OF MOBILITY FOR THE REST OF MY LIFE. THE APPROVAL FOR MY PT WAS UP TO DR. BRUCE R. BORTON, MEDICAL DIRECTOR CONCORDIA INSURANCE. ON 21 DEC, 016, I AGAIN HAD MY THUMB XRAYED. ON 29 NOV, 016, I SAW DR. NARANJO FOR THE LAST TIME! ON 27 DEC, 016, I SAW A DR. BORRERO, A SPORTS MEDICINE DOCTOR WHO INFORMED ME THAT PT WAS AND I QUOTE 'A WASTE OF TIME AND MONEY,' UNQUOTE. DR. BORRERO ALSO INFORMED ME MY THUMB WOULD HURT ME FOR THE REST OF MY LIFE. TODAY IS 15 JAN, 017, AND STILL NOTHING HAS BEEN DONE FOR MY THUMB!

C. CAUSE OF ACTION

- 1) I allege that the following of my constitutional rights, privileges or immunities have been violated and that the following facts form the basis for my allegations: (If necessary, you may attach up to two additional pages (8 1/2" x 11") to explain any allegation or to list additional supporting facts.

A)(1) Count I: THE 8TH & 14TH Amendments require prison officials to provide "Adequate food, clothing, shelter, and Medical care to prisoners and take reasonable measures to ensure their safety. Farmers vs Brennan, 511 U.S. 825, 832 (1994) Wain vs Wood, 512 F. 3d 866, 893 (7TH Cir, 2008), Estelle vs Gamble 429 U.S. 97, 103 (1976)

(2) Supporting Facts: (Include all facts you consider important, including names of persons involved, places and dates. Describe exactly how each defendant is involved. State the facts clearly in your own words without citing legal authority or argument.) On 5 Jul, 016, Dr. Naranjo examined my left thumb without physically touching me/my hand. Dr. Naranjo stated he did not think it was broken! On 7 Jul, 016, I was X-rayed. Until 20 Jul, 016, Dr. Naranjo basically forgot I existed. On 20 Jul, 016, I again saw Dr. Naranjo who kept repeating "Fuck, Fuck, Fuck!" He ORDERED me transported to El Paso University Medical Center (UMC) where I was examined by A Dr. VAN T. Dr. VAN T. stated it was a simple fix if it had been fixed immediately! Dr. VAN T send/ sent back PT orders for my Thumb. On 6 Oct, 016, I was again X-rayed. On 4 Nov, 016, I again saw Dr. Naranjo who informed me that A Dr. Bolton, Concordia Insurance, Mississippi was disapproving my PT. On 15 Nov, 016, I again was transported to UMC, saw A Dr. Gonzalez who again ordered PT! On 21 Dec, 016, more X-rays, On 27 Dec, 016, saw a Dr. Berrejo who stated that "PT was a waste of time and money!"

B)(1) Count II: Deliberate Indifference (Farmers vs Brennan 511 U.S. 825, 836 (1994) Clement vs Gomez, 298 F. 3d 898, 904 (9TH Cir, 2002)

(2) Supporting Facts: After my initial examination of 5 July, 2016, Dr. Naranjo the physician of Otero County Prison Facility basically forgot I existed. Dr. Naranjo remember my follow-up of 20 July, 2016, only because I persisted on sending sick call slips asking "Why" I was not being followed up from my 5 July, 016, exam and my X-rays of 7 July, 2016? At this time he ordered me transported to UMC.

C)(1) Count III: VIOLATION OF THE 8TH Amendment on Cruel and Unusual Punishment.

(2) Supporting Facts: That Doctors VAN T AND GONZALEZ/S AND finally Dr. Borrego All stated it WAS A simple fix then cast AND I would be 100%. That Dr. Naranjo's Negligence cause my thumb to heal broken! That Dr. Bruce R. Boyton, Concordia Medical Insurance As director of CCFF failed to ~~map~~ approve PT for my thumb. PT would have Allowed me greater mobility AND would relieve pain in my thumb. I hurt 24/7 AND am told that this pain will only ~~en~~ increase AS I get ~~and~~ older (I am currently 70 years of age). That even surgery will NOT decrease this pain. That this pain and lack of mobility will only get worse AS I continue to Age!

D) PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF

1) Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to the conditions of your imprisonment?

Yes ☐ No ☒ If your answer is "YES", describe each lawsuit. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

a) Parties to previous lawsuit.

Plaintiffs: _____

Defendants: _____

b) Name of court and docket number:

c) Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

d) Issues raised: _____

e) Approximate date of filing lawsuit: _____

f) Approximate date of disposition: _____

- 2) I have previously sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part C. Yes ☒ No ☐ If your answer is "Yes", briefly describe how relief was sought and the results. If your answer is "No," briefly explain why administrative relief was not sought. I filed AN Informal Grievance on 22 July, 2016. The Grievance/Complaint officer responded on 30 July, 2016. I then filed AN Inmate Grievance on 2 Aug, 016. By Policy (Inmate Grievances 150500) this grievance must be answered within 15 working days. According to the Grievance officer my grievance was NOT received until 28 Oct, 016 and was signed on 28 Nov, 016. This is in violation of OCPF Policy and Procedures.

E. REQUEST FOR RELIEF

- 1) I believe that I am entitled to the following relief: FOR pain and suffering \$100,000. FOR Negligence by Dr. Naranjo AND Dr. Bruce R. Burton, Concordia Inmate Medical Director \$150,000.

Signature of Attorney (if any)

John A. Ramon
Signature of Petitioner

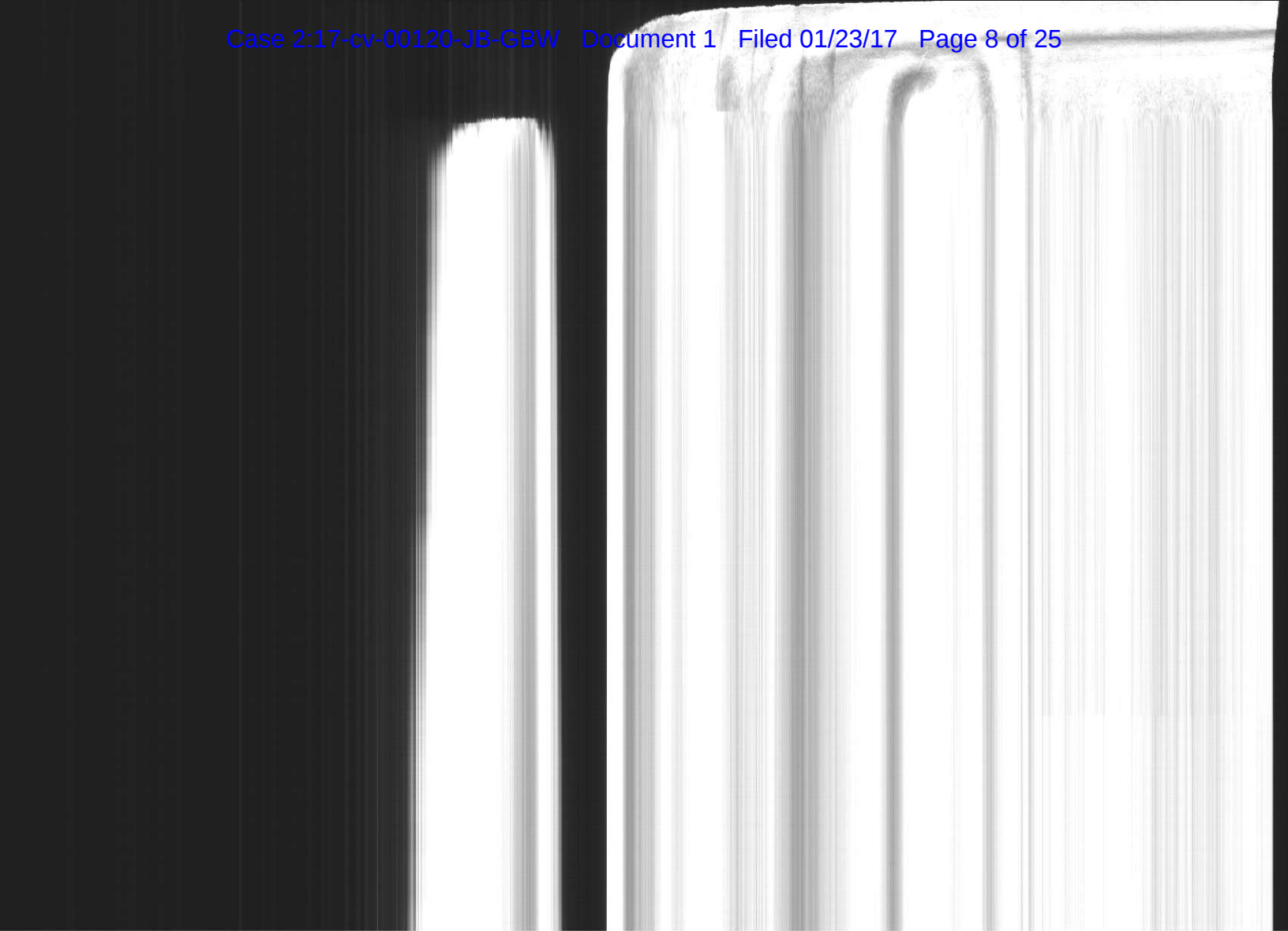
Attorney's full address and telephone number.

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he is the plaintiff in the above action, that he has read the above complaint and that the information contained therein is true and correct. 28 U.S.C. Sec. 1746. 18 U.S.C. Sec. 1621.

Executed at Otero County Prison Facility on 19 January 2017.
(Location) (Date)

John Ramon
(Signature)



- STATEMENT -

I, John Ramos, 80998, an inmate of Otter County Prison Facility on the 27th of December, 2016, make the following statement to be truthful to the best of my knowledge. I reported to medical at approximately 3:30pm to a Doctor Borrego. Dr. Borrego introduced himself and informed me his speciality was Sports Medicine. The doctor made a point of explaining that physical therapy was a waste of time and money? Which to me made no sense since two (2) Orthopedic Doctors, a Van T and Gonzalez wrote orders for me to get physical therapy because it would alleviate pain and give my thumb greater range of motion. These same two (2) doctors told me that my break was a very simple pulling into place and casting the thumb. Dr. Borrego's allowing my thumb to heal broken now made this impossible! Dr. Borrego also told me that my thumb would continue to hurt for about one (1) year or until the break built up the necessary calcium to protect the break. He wrote out an order for me to receive pain medication. I was told the name but didn't recognize it? The Doctor instructed me to continue exercising. Last but not least he told me that once calcium build up was completed that I would suffer Arthritic pain at the break point for the rest of my life because it, the break, involved a joint.

I was told to return to my pool at 5pm.

END — OF — STATEMENT —

John Ramos 80998

27 December, 2016

OCPF 51-18

10 McGregor Range Road
Chaparral, New Mexico

88081

Otero County Prison Facility

FORM I-60 / FORMA I-60

TO: WARDEN MARTINEZ

DIRIGIDO A: _____

Date / Fecha: 7 Dec, 016Name / Nombre: John RamosHousing / Número de Cama: 51-18Inmate No. / No. de Identificación: 80998

Briefly state the problem with which you require assistance. / Brevemente describa el problema en cual necesita asistencia.

Could you please provide me with the address to the Concordia Medical Group who oversee MTC And Title to one Dr. Bruce R. Barton, M.D.

Thank You.

Laundry / Lavanderia:

- ☐ Socks / Calcetines
☐ Bag / Bolsa
☐ Sheet / Sabana

- ☐ Toothbrush / Cepillo de Dientes
☐ Towel / Toalla
☐ Pillow Case / Funda de Almohada
☐ Blanket / Cobija

- ☐ Underwear / Calzones
☐ T-Shirt / Camiseta
☐ Shirt / Playera
☐ Pants / Pantalones
☐ Shoes / Zapatos

Size / Talla

Do not write below this line. / No escriba debajo de esta Línea.

Disposition / Disposición:Date / Fecha: 12-9-16

Please get with Contract Monitor for this info

[Signature]



Medical

Sick Call Request

ility: OCPF Date/Time: 7 Dec, 016, 1215 pment Name: John Ramos Patient # 80998rgies to Medication Sulfa Housing Unit/Bed 51-18ent Medications Meloxicam 15mg dailyson for Medical Assistance: Please provide me with the physical Address to The Concordia/Concordia Medical group that insures MTC and the title to Dr. Bruce R. Burton, M.D. This is requested under the Federal and New Mexico Freedom of Information Acts.How long have you had this problem? Hours: _____ Days: 1Sender Signature: John Ramos Date/Time: 7 Dec, 016, 1220 pm

DO NOT WRITE BELOW THIS LINE

Date/Time Received: DEC 08 2016 Date/Time Responded: _____Refer to: Sick Call (☒) Ruvalcaba, MRC Pill Call (☐) Doctor Sick Call (☐) Mental Health (☐) Dental (☐)Medical Reply: We do not have this information. Please see the contract monitor.Medical Staff Signature m. wisdom, RN Date/Time: 12/8/16 1146

Sick Call Request

Revised July 2015

MTC

Medical

Sick Call RequestFacility: OCPF Date/Time: 4 Dec, 016, 1800 hrs.Patient Name: John Ramos Patient # _____Allergies to Medication Sulfa Housing Unit/Bed 51-18Current Medications Meloxicam 15mg.

Reason for Medical Assistance: I SAW Dr. NARANJO ON Tuesday the 29th of November
and he ordered Hep. panel blood test. I need this test and the results ASAP
for a Tort claim I filed AGAINST Central New Mexico Correctional Facility/IDC.
Also, I'm suppose to return to see the Doctor to see if I've been approved for Physical
Therapy prior to my filing A Federal Lawsuit Against Medical/OCPF!

How long have you had this problem? Hours: _____ Days: 7 daysProvider Signature: John Ramos Date/Time: 4 Dec, 016, 1800 hrs.

DO NOT WRITE BELOW THIS LINE

Date/Time Received: 12/5/16 1420 Date/Time Responded: 12/5/16 1420

Refer to: Sick Call () Pill Call () Doctor Sick Call () Mental Health () Dental ()

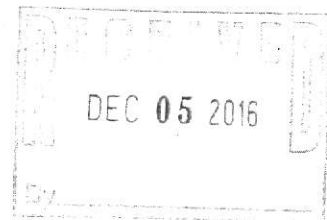
Medical Reply:

The clinic follows a process, STOP
MAKING these threats because the sick call papers
are not for this purpose

Medical Staff Signature: [Signature] Date/Time: 12/5/16

Sick Call Request

Revised July 2015



TO: Ms. Bernal, State Monitor

DIRIGIDO A: _____

Date / Fecha: 18 Nov, 016Name / Nombre: John RamosHousing / Número de Cama: 51-18Inmate No. / No. de Identificación: 80998

Briefly state the problem with which you require assistance. / Brevemente describa el problema en cual necesita asistencia.

Per our conversation of 18 Nov, 016, ref: Formal Grievance. Sent to Cpt Ochoa on or about the 1st week of Aug, ref: broken left thumb. Spoken w/ Deputy Warden Simmons, Cpt Ochoa, C Muniz about returning my grievance. As of today NOTHING. I need this grievance returned so I can complete and file my Habeas Corpus in Federal Court. Thank You,

Laundry / Lavanderia:

- ☐ Socks / Calcetines
☐ Bag / Bolsa
☐ Sheet / Sabana

- ☐ Toothbrush / Cepillo de Dientes
☐ Towel / Toalla
☐ Pillow Case / Funda de Almohada
☐ Blanket / Cobija

- ☐ Underwear / Calzones
☐ T-Shirt / Camiseta
☐ Shirt / Playera
☐ Pants / Pantalones
☐ Shoes / Zapatos

Size / Talla

Do not write below this line. / No escriba debajo de esta línea.

Disposition / Disposición:

Date / Fecha: 11/29/2016

Please go through the proper chain of custody and address the grievance process directly with MA. Muniz. (R)

Ms. Bernal, State Monitor

Enclosed you will find an I 60 w/response that I wrote to Ms. Torres the case manager.

My problem is that "Under the Color of Law," the state and in this case MTC is responsible for my well being! 4 July, I broke my left thumb, had it X-rayed and then Medical/Dr. Naranjo allowed me to fall through the cracks! I was sent to Orthopedics University Medical Center on the 20th of July, 016. The doctor I saw said my thumb had been allowed to heal, even though it was still broken! The Ortho doctor said I needed Physical Therapy. A Dr. Bruce Burton, M.D., overrode this and said "No!!" I again returned to UMC and spoke w/Dr. Gonzalez (15 Nov) an Orthopedic specialist who again said I needed Physical Therapy in order to elevate the pain in my left thumb.

I filed both an Informal Complaint (Jul 016) and a Formal Grievance (Aug 016) reference my thumb. The formal still has not been returned even though they've exceeded the maximum 15 days to answer the Grievance.

Los Lunas (CNMCF/RDC) has not only the LTCU/Geriatrias that have physical therapy. There is always an exception to the rule to all Policies and Procedures. Ms. Torres says I don't "Meet the Criteria" yet doesn't tell or explain to me what "the criteria is?" She only makes reference to me being ex-law Enforcement. Why should this preclude me getting medical treatment that "Under the Color of Law" I'm entitled to?

I've already applied ~~for~~ for early parole for medical problems that don't include my broken left thumb.

I only ask to be treated fairly for my Medical problems "Under The Color of Law!"

Your assistance will be required.

Thank You,

John Ramos

80998

01-18

- STATEMENT -

My name is John Ramos, 80998, OCAF 51-18. The following statement is true to the best of my knowledge. This morning 15 November, 2016, I was ordered transported to University Medical Center, El Paso, Texas, Office of Orthopedics. My appointment was at approximately 0745 hours. I had X-rays done plus my vitals were taken. A Dr. Gonzalez spoke with me and told me that my left thumb had healed improperly and that I need physical therapy to help relieve my thumb pain! I explained how on 30 July, 2016, at UMC (University Medical Center) that the attending Ortho Dr. had also said and ordered me to get Physical therapy. This physical therapy was never ordered because it was shot down by a Dr. Bruce R. Boyton, Medical Director on 6 August, 2016. Dr. Boyton oversees OCAF medical and makes the decisions! Dr. Gonzalez again ordered Physical therapy because without it my left thumb will be in continuous pain! He informed me the pain would continue for about 1st year before the pain diminished. He also informed me I could have surgery to repair the thumb but that the surgery repair was very painful!

I've now been to University Medical Center twice, been ordered to have Physical Therapy on two separate occasions by two (2) separate Orthopedic Specialist yet nothing has been done by Otter County Prison Facility Doctors Naranjo or Dr. Boyton!

If I ask for pain meds I receive 3 days worth of 600mg of Ibuprofen and then the meds are stopped!

End of STATEMENT

John Ramos

John Ramos

80998

51-18

NEW MEXICO CORRECTIONS DEPARTMENT
INMATE GRIEVANCEInmate's Name: John Ramos NMCD#: 80998 Grievance File #: 16-11-48Institution: OCPF Housing Unit: 51-18 Date of Incident: 4 Jul, 016Date Received by Grievance Officer: 10-28-16Grievance Officer's Signature: [Signature]

INSTRUCTIONS It is expected that problems be resolved in an informal manner. Please read policy/procedure CD-150500 before filing a grievance. Your grievance must be typed or clearly written so as to be readable after photocopying. The grievance must be filed with the Institutional Grievance Officer to be valid. Copies sent elsewhere will be considered informational copies only, not requiring a response.

STEP 1 - Grievance: Include documentation and names of any witnesses to support your claim. For your grievance to be accepted, you must state the relief requested. Use additional pages, if necessary. My L/Thumb was broken on 4 Jul, 016. I saw Dr. Naranjo the same day who ordered Xrays. Found my L/Thumb was broken, yet as of today "Nothing has been done!" Orthopedic Surgeon Dr. VAN T said my Thumb needs physical therapy and if physical therapy doesn't work that my L/Thumb will need to be re-broken and set into a cast. Dr. VAN is associated with University Medical Center, El Paso. This should never have happened if immediate follow up by Dr. Naranjo had been done! My pain meds have been stopped, no reason given. My relief is to have them thumb repaired ASAP!

Inmate's Signature: John Ramos Date: 2 Aug 2016

Relief Requested: _____

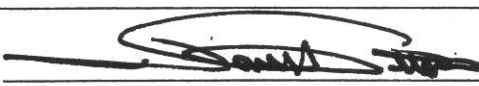
STEP 2 - To Be Completed by the Grievance Officer:

- A. ☒ your grievance is accepted for consideration.
- B. ☐ your grievance is being returned to you because of the following reason:
- ☐ 1. The grievance is not readable.
 - ☐ 2. The matter has been answered in previous grievance #: _____
 - ☐ 3. The grievance concerns material not grievous under present policy.
 - ☐ 4. The grievance is a group grievance or petition. (Submit individually.)
 - ☐ 5. The grievance is not timely.
 - ☐ 6. Other Specify: _____

Grievance Officer's Signature: [Signature] Date: 10-28-16

NEW MEXICO CORRECTIONS DEPARTMENT
INMATE GRIEVANCEGrievance File #: 16-11-48**STEP 3 – Grievance Investigation and Recommendation:**

1. Witness Statement: () See Attached memo
2. Witness Statement: ()
3. Grievance Officer Investigation Results and Recommendation

WU
Grievance Officer's Signature11-28-16
Date**STEP 4 – Decision of Warden/Designee:** Date received by Grievance Officer: 11-28-16Denied () Granted () Dismissed () Resolved (☒) Referred ()Signature: Date: 11/28/16Date Returned to Inmate: 11-28-16**STEP 5 – Departmental Appeal:** (Return grievance to Grievance Officer for processing.)**A. Reason for appeal:**

Inmate's Signature: _____ Date: _____

Date Received By Grievance Officer: _____

Date Sent to Grievance Coordinator: _____

B. Department Decision:_____
Cabinet Secretary/Designee Date: _____



MANAGEMENT & TRAINING CORPORATION

Otero County Prison Facility • 10 McGregor Range Road • Chaparral, NM 88081
Phone: 505-824-4884 • Fax: 505-824-3158

MEMO

To: Ramos, John NMCD 80998

From: Officer F. Muniz

Subject: Grievance File # 16-11-48

Date: November 28, 2016

This is the response to your grievance on you not receiving appropriate medical care. After meeting with medical staff it was concluded that on August you were referred to see a specialist and were denied by Centurion. Dr. Naranjo has re-submitted paper work to centurion and referred you to see a specialist.

It is the recommendation of the grievance officer that your grievance be resolved.

Form CD-150501.3
Revised 03/31/15 Page 1

NEW MEXICO CORRECTIONS DEPARTMENT

INMATE INFORMAL COMPLAINTInmate Name: John Ramos NMCD#: 80998Facility: OCF HU/Cell #: 51-4 Date of Incident: 4 Jul, 016Name of subject or person to whom the complaint was filed against: Dr. Naranjo, MedicalExplain your complaint in detail: On 4 Jul, I hurt my L/Thumb. Went to see Dr. Naranjo on the 7th. I had X-rays on the 9th and then nothing until the 20th. Went to umc on 20 July and told by Dr. Van T. that my break has healed properly and now I need physical therapy or possible surgery!Inmate Signature: John Ramos Date: 22 July, 2016

Unit Manager/Chief of Security/Designee

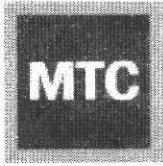
Date Received: 7/25/16I, Galle have reviewed the above informal complaint and
Unit Manager/Chief of Security/DesigneeRecommend: (X) Resolution () Recommend formal grievanceExplain: See attached memoStaff Member: Galle / [Signature] Date: 8/1/16
Print / SignAcknowledged by the signatures below, this informal complaint is: ☐ Resolved ☒ UnresolvedUnit Mgr/Chief of Security/Designee: Galle / [Signature] Date: 8/1/16
Print / SignStaff Witness: / Date: /Inmate: John Ramos / John Ramos Date: 8-1-16
Print / Sign

If this informal complaint could not be resolved, the inmate may pursue a formal grievance within 5 working days of the date of resolution.

At time of resolution-the inmate must be given a copy of the completed copy of the Informal Complaint

Inmate must attach this document if the formal grievance is to be submitted.

RECEIVED
JUL 25 2016
Rec'd
7/28/16
[Signature]



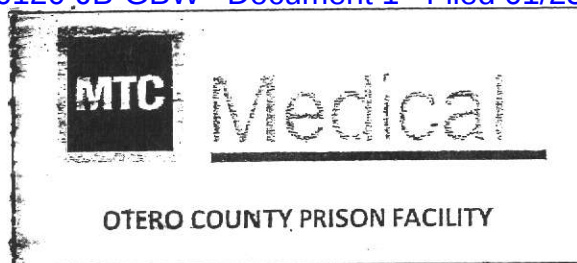
MANAGEMENT & TRAINING CORPORATION

Otero County Prison Facility • 10 McGregor Range Road • Chaparral, NM 88081
Phone: 505-824-4884 • Fax: 505-824-3158

MEMO

To: Grievance/Complaint Officer
From: C. Pascale, MHA
Health Services Administrator
Date: July 30, 2016
Re: Ramos, John #80998

Ramos, John 80998 has complaints of receiving physical therapy or surgery for left thumb. Mr Ramos is pending approval for a follow up appointment.



HEALTH SERVICES REQUEST SICK CALL / ENFERMERIA

Date / Fecha: 28 July, 2016
 Name / Nombre: John Ramos DOB / Fecha nacimiento: 10 Jan, 47
 Allergies to medicine / Alergias de medicina: Sulfa & Penicillin
 ID number / Numero de identificacion: 80998
 Housing bed # / Numero de cama dormitorio: 51-18

REASON FOR MEDICAL ASSISTANCE / RAZON PARA ASISTENCIA MEDICO

On 4 July I injured my thumb. After Xrays I was told by Dr. Narasimhan that my thumb was broken. On 20 July, I was sent to WMC and treated by Dr. Van T. An orthopedic Surgeon. Dr. Van sent back paperwork for Physical Therapy. And as of today no one has contacted me reference my future appointments! Am I or Am I not being sent to Physical therapy? And then to top it all off my twice a day Tylenol for pain has been terminated!

I consent treatment by the health care staff for my condition described. / Consentimiento informado para tratamiento de mi enfermedad.

Inmates signature / Firma de inquilino: John Ramos

DO NOT WRITE BELOW THIS LINE / NO ESCRIBIR ABAJO DE ESTA LINEA

Date responded: 7/29/16

Refer to: Sick call () Pill call () Physician () Mental Health () Dental ()

Response:

You are pending approval to ortho, and then it will be determine if you need physical therapy. Thank you

Nurse Signature: _____

Created 09-12

MTC Medical

Patient Medical Property Receipt - Contract

Facility: OCPE Issued Date: 7/2/14 Time: 0010AN
 Patient Name: Ramas, John Patient # 80998

I have received the following item(s) from the Medical Department

- ☐ Eye Glasses ☐ New ☐ Repaired
 ☐ Prescription ☐ Reading ☐ Sun glasses
 ☐ With case ☐ Without case
- ☐ Contact cleaning supplies: _____
- ☐ Hearing Aids ☐ Left ☐ Right ☐ Left and Right
- ☐ Dentures
- ☐ Wheelchair - Expected return date: _____
- ☐ Crutches - Expected return date: _____
- ☐ Cane - Expected return date: _____
- ☐ Orthopedic Support
- ☐ Knee Brace ☐ Ankle Brace ☐ Wrist Brace ☐ Elbow Brace
☐ Back Support ☐ Orthotic Support ☐ Splint ☐ Ace Wrap

☒ Other: hand brace to (L) hand, black in color
provided by UMC

☐ Work limitations associated with Medical Property (check appropriate category (s))

- ☐ Limited Duty ☐ Non-Duty/No Work
- ☐ Confined to living quarters with bathroom privileges
- ☐ Bottom bunk
- ☐ Athletic restrictions
- ☐ Other limitations/considerations _____

Expected expiration date: _____

I verify that I have received the medical product (s) above. I agree to be responsible for the maintenance of my Medical Equipment. I understand that if it is broken, stolen, or lost, I will be responsible for it's replacement.

John Ramas
 Patient Signature

7/2/14 0010AN
 Date/Time of Receipt

UBaltpruk
 Medical Staff Signature with Title

7/2/14 0010AN
 Date/Time

Journal While in Segregation -

2 Jul, Saturday. Taken to medical for BP 122/69, Oxy 98, HR 85. Taken to Sqt's with one set of pants, boat shoes, 1 T-shirt, 1 long sleeve shirt, bedding. Also told my brown folder with legal paperwork (envelopes, stamps, pictures) Bible, 2 pens, pencils X3, toenail clipper, emery boards, jar, chap-stick, 1 pr. of socks, 1 pr. of underwear, 4 Ramen, 1 Pepsi, 6 ounces of coffee, box of Sugar Twin, 12 ounces of Tang, 4 natty bars, my James Rollins book, Pepsi. Given one set of XL red bottoms, 2 blue tops, no towel, laundry bag or shower shoes. Allowed to keep my drink glass, 4 Ramen, pens/pencils etc, *

3 Jul, Sunday. Given a book called "Last Man Standing," by David Baldacci, 2001, 640 pages. Given 2 rolls of toilet paper.

4 Jul, Monday. Went to rec at 8 AM, walked to 2 miles. Washed whites by hand. Still no towel, hand soap, shower shoes, shampoo. Finally got a state issued bar of soap. Exercised 300 ea pushups/situps. Had bowel movement, yea.

5 Jul, Tuesday. I was writing/talking to my wife! Fell down while walking laps and injured my left thumb/hand! Terrible rash on my left outer thigh. Walking/walked 1 1/2 mi, 300 pushups/situps each. Still no shower since Saturday. Sent in sick call slip for hand, rash, neck and needing my medications. Another book given to me called "Don't Look Behind you," by Ann Rule, 2009 w/ 565 pages. Warden walked through told him about my fall! 1717 hrs. Went to medical. Examined by Dr. Narango (Orange) same doctor who examined me for my neck on 9 Jul. Claims he's never seen me before!! My hand gets wrapped w/ a tongue depressor stick to hold thumb in place. Ordered commissary for 14 Jul.

6 Jul, Wednesday. 0730 outside rec. Finally got medicine for pain (2400mg a day for pain, Ibuprophen), one singular for my lungs (?). Took my 1st shower, Given sz 12 shower shoes. Walked 2 1/2 mi, Mailed a letter to Valerie.

7 Jul, Thursday. No shower, no rec. Unplugged my toilet. Got the address to 12th District Court House in Alameda and the paperwork to pay for copies and notaries. Given my misconduct report by CO? Spoke w/ CO Water about my property. Given another book called "The contractor," by Colin M. Kerrigan, 2009, 533 pages. Ibuprophen does nothing for pain. Walked 1 1/4 mi, 300 ea pushup, 150 ea leg lifts/situps.

8 Jul, Friday. Took shower refused rec. Spoke w/ Sqt about my property. Not allowed to call Valerie because I'm PHD (?). CO Watson told me I had thrown her under the bus and that I was a snitch (?) then told "What property" that I didn't have any property! Washed whites by hand. Library came by and got two new books. James Patterson "Private down Under," 2014 w/ 562 pages and James Rollins "Innocent Blood," 2014 w/ 641 pages. * Also in my property 5 envelopes and 5 stamps - 1 week, still no laundry bag!!

9 Jul, Saturday. Cleaned toilet, swept mopped cell. Read, read, read. Forwk from 4-8 Jul, walked 7 1/4 mi, 1150 pushups, 1100 razor situps. Sent out IGO library, sick call slip for my meloxicam 15mg (action).

10 Jul, Sunday. Read my Bible, wrote Valerie, reading my book, Mail ltr to Valerie. Getting ready for tomorrow try praying to God that I'm sent back to my Pod or at least allowed to call Valerie! Sent IGO to Deputy Warden for Security ref: lost property!

11 Jul, Monday. Took shower, skipped recreation because of my healing! still waiting. Given a red laundry bag and a green pad to clean my sink. 2:45pm, still nothing? 1745 hrs. Went to see Dr. Narango. It seems I have a fracture of my left thumb! I either need a cast or a thumb splint but will the state pay for it? If not then I need to see an outside Orthopedic Surgeon for this item! Why wouldn't the state pay for this? Exercised today. Walked 1 3/4 miles, 300 ea. Pushups/situps. Went to my healing, but I have to wait for Deputy Warden to decide.

12 Jul, Tuesday. Went to rec but no shower? Saw CO Watson, said he didn't have the key to the "Day room," otherwise he would give me my legal folder and books. Well see? Exercised today: Walked 2 1/4 mi Pushups/situps 300 each. 8pm, taken to medical BP 150/70 (?), HR 63, OXY 98. Have to go back to see Dr. Narango ref: rash and injury to my neck. Medical used ~~the~~ auto BP machine.

5290
5280
10560

12600
10560
1160

1320
4/5280

Form CD-090101.1
Revised 6/04/14

NEW MEXICO CORRECTIONS DEPARTMENT
INMATE MISCONDUCT REPORT

Name: <u>Ramos John</u>		NMCD: <u>80998</u>	Facility: <u>OCPF</u>	Unit: <u>51-18</u>
Date of Incident: <u>7-2-16</u>	Time of Incident: <u>1710</u>	Location of Incident: <u>51</u>		

Date Written: 7-2-16

Log #: OCPF-16-415

Time Written: 2118

CHARGE(S):

✓ A(39) Fighting

REPORTING EMPLOYEE'S STATEMENT:

On July 2, 2016 at approximately 1710 hours I officer F. Muniz #0442 was told that inmates Summitt, Danny #76632 and inmate Ramos, John #80998 had got into a physical altercation. I advised Lt. Soto and he was able to confirm through video recording.

Pre-Hearing Detention? ☒ Yes () No
Was Use of Force Applied? ☐ Yes ☒ No
Are Witnesses Statements Attached? ☐ Yes ☒ No
Name of Witnesses:

Reporting Employees Signature: [Signature]

Print Name: F. Muniz

Title: Detention Officer

Evidence Submitted to: (Chain of Custody)

Submitted to Supervisor: [Signature]
(Signature)

Date: 7-2-16

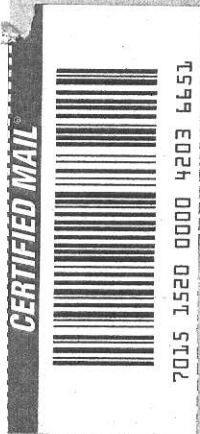
Time: 2130 hrs

Received by Disciplinary:

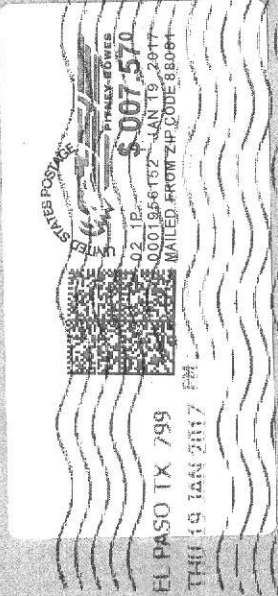
Date: 7/5/16

Time: 0800 hrs

Disciplinary Officer's Signature: [Signature]



John Ramos 80988
OCPF 51-18
10 Mc Gregor Range Rd.
Chaparral, NM.
88081



RECEIVED
ALBUQUERQUE NM

JAN 8 2017

MATTHEW J. DYKMAN
CLERK

U.S. District Courthouse
333 Lomas Blvd, N.W.
Suite 270
Albuquerque, NM 87102